

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

T₀

(Payee)

PAID BY
Encl# 7
DPS-300
COPY , OF >

(Address)		(City)	(State)		
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE
		Discount Terms			Cost
		Cost			11,827.11
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>					
Use continuation sheet(s) if necessary					
Shipped from		to	Weight	Government B/L No.	Total 11,827.11
I certify that the above bill is correct and just and that payment has not been received.					(Payee must NOT use this space)
ATOTHR (Sign original only)					Differences _____
Date 7/31/58 *Payee Per _____					Amount verified; correct for (Signature or initials) EL
Title _____					11,827.11
Contract No. A-121		Date	Req. No.	Date	Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

t _____

SIGN
ORIGINAL
ONLY

Title

Table 1. Summary of the main characteristics of the 1000 samples used in this study.

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by **Check No.** **dated** **19** **for \$** **on Treasurer of the United States in favor of**
Cash, \$ **on** **19** **Payee** **(payee named above.)**

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.

† If the ability to certify and sign is not available, the approver will sign on the line below "Approved for _____", and essay; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Approved for release 2007/06/10 CIA RDP64-00369R000600020052-7

Per _____

16-22900-6

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020052-7

STATOTHR

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Sheet 1

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/27/58

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE Mo. Day	Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Couns Cost Element	PR. CODE	COST CENTER Maj. Int. Sub.	CHARGE DISTRIBUTION				NET AMOUNT	
	Mo.	Day	Yr.											Account	M.J.O.	S.D.	Work Order		
24	07	21	8	59702	45635		03 08	12				1	50	25	40	22	12501 5032 04		1504 1504 * 1504 **
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Sheet 1

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY PET DISTR

DATE

7/27/53

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Sheet 1

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY PET DISTR

7/27/58

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Sheet 4

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY RET. DISTR.

DATE

7/27/58

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THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

7/27/58

FORM STL - 660

Continued Sheet 6

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THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY RET. DISTR. **DATE**

7/27/56

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7/27/58

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

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SA 78

THE RAMO-WOOLDRIDGE CORPORATION

FORM STI. - 660

ACCOUNTS PAYABLE

WEEKLY DEBT DISCH

21

7/27/58

SA 79

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/27/58

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Box Cust Element TR.	Cost Center Code	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day						Moj.	Int.	Sub.	Account	M.J.O.	S.D.	
22	07	21	53	10590	46267		07	22	290			1	1000	25	28	00	12501	5044	30	11400
27	07	22	53	2302	46263		08	15	1708			1	1000	25	28	00	12501	5044	30	16684
26	07	22	53	30	15528		07	23	352			1	1000	25	28	00	12501	5044	30	525
33	07	25	58	19171	45366		08	08	181			1	1000	25	28	00	12501	5044	30	8922
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Continued to Sheet 10

Sheet 10

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

7/27/68

No.	BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE Mo. Day	Vendor Number	GROSS AMOUNT	DISCOUNT	Ex P. C. Cost Element TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
	Mo.	Day	Yr.	Mo.									Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order		
30	07	24	68		79608	45949		07 25	1114				1	50	25	28 00	12501	5044	36		2201 2201 * 2201 **
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Continued to Sheet 11

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THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

7/27/58